

**Please Print**

|               |                                    |  |
|---------------|------------------------------------|--|
| Name          |                                    | Ombudsman Program/AAA                    |
| Address       |                                    | City, ZIP Code                           |
| Email Address | Area Code and Telephone No.<br>— — | Other Area Code and Telephone No.<br>— — |

**Agreement**

I request to be designated as a certified ombudsman (CO) of the Texas Department of Aging and Disability Services (DADS) Long-term Care Ombudsman Program (LTCOP), as administered by the local ombudsman program. I agree to:

- abide by DADS ombudsman rules, policies, and procedures
- accept supervision and direction from the managing local ombudsman (MLO) and supervising staff ombudsman
- submit monthly reports to the MLO
- attend scheduled ombudsman continuing education
- avoid a conflict of interest
- maintain confidentiality of any information pertaining to residents or complainants
- immediately report all criminal charges, indictments or convictions to the MLO

Failure to comply with the above items may result in dismissal from the program by either the MLO or state long-term care ombudsman (SLTCO).

My continued certification is dependent upon:

- completion of 12 hours of continuing education each year
- attendance at required meetings
- submission of reports
- attainment of the required standard of performance and conduct

I intend to serve a minimum of 12 months. I will notify the MLO of my intent to leave the program 30 days before leaving. My certification may be terminated by either the MLO or SLTCO for failure to meet the standards of performance and conduct of a Texas LTC ombudsman.

Volunteer grievance procedure. Service of a CO is at the mutual agreement of the MLO and SLTCO. Should either ombudsman disagree regarding certification or service of a volunteer, the decision of the SLTCO prevails. Volunteers and staff can speak freely about concerns related to the person's performance and the LTCOP. A volunteer with a grievance regarding the local LTCOP should file a complaint with the MLO's supervisor. If the grievance is not resolved at this level, the person follows the lines of communication in accordance with DADS Ombudsman Policies and Procedures Subsection 103.

*By my signature, I agree to abide by the rules, policies and procedures of the Texas Long-term Care Ombudsman Program.*

\_\_\_\_\_  
Signature—Certified Ombudsman Applicant

\_\_\_\_\_  
Date

*I state that the above signed individual has received the required training, has completed the required internship, and is qualified to investigate complaints and carry out the activities of a CO on behalf of the local ombudsman program. I recommend this individual for certification as a ☐ staff ☐ volunteer ombudsman.*

\_\_\_\_\_  
Signature—Managing Local Ombudsman

\_\_\_\_\_  
Date

*I approve this individual as a certified ombudsman and representative of the office.*

\_\_\_\_\_  
Signature—State Long-term Care Ombudsman

\_\_\_\_\_  
Date

Mail original to:

**Texas Department of Aging and Disability Services  
State Long-term Care Ombudsman  
P. O. Box 149030, Mail Code W-250, Austin, TX 78714  
512-438-4265**